

ASS. REC. BY:

REF: 072 /Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Alan's

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 817K

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 05 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: SDH 5573RYr Regn: 09, 15Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Elantrac.c. 1591Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 112513

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH0H41CMGU-641483Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 2 mmR/Bal. 2 mmL/Bal. 2 mmL/Bal. 2 mmD.O.A. 19/11/24D.O.I. 21/11/2024

Survey held at _____

Des. of Damages: FR / Rear / O/S / N/S / UIC / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

) S - RS. \$ _____

) Fuel \$ _____

) Others \$ _____

Report Format :

p Sum / I.B.I: (\$ _____)

TOTAL

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : GBC87K
Accident Date : 19-Nov-2024

Our Ref : 024227 (CHINA) / CHAN

SOH SWEE KIM
BLK 107 BUKIT BATOK WEST AVE 6
#06-102
Singapore 650107

No. : 07210

Date : 20-Nov-2024

PAGE : 1

Not Authorized
11 Rep &
Money After Repair
5 days

ESTIMATED COST OF REPAIR FOR HYUNDAI ELANTRA SDH5573R

1 pc	Bonnet		<i>R</i> 1,125.00 ✓
1 pc	Bonnet stand		<i>R</i> 32.00 X
1 pc	Bonnet insulator		175.00 ?
1 pc	Bonnet inner lock		<i>R</i> 105.00 ✓
1 pc	Bonnet front rubber		<i>CM</i> 35.00 ✓
1 pc	Front grille		<i>CM</i> 128.00 ✓
1 pc	Front bumper fascia		<i>CM</i> 445.00 ✓
2 pcs	Front bumper side top bracket	@ S\$ 25.00	<i>DR</i> 50.00 ✓
1 pc	Front bumper sponge		<i>CM</i> 105.00 ✓
1 pc	Front bumper reinforcement		516.00 ?
1 pc	Front bumper lower beam		140.00 ?
1 pc	Front bumper lower grille		<i>CM</i> 165.00 ✓
2 pcs	Front bumper side retainer	@ S\$ 20.00	<i>SL</i> 40.00 X
2 pcs	Headlamp	@ S\$880.00	1,760.00 ?
1 pc	Front support panel		<i>R</i> 975.00 ✓
1 pc	Air con condenser		<i>R</i> 895.00 ✓
2 pcs	Air con condenser side guide	@ S\$ 26.00	<i>DR</i> 52.00 ✓
1 pc	Radiator assy		520.00 ?
1 pc	Radiator top hose		32.00 ?
1 pc	Radiator adaptor		48.00 ?
1 pc	Radiator adaptor hose		32.00 ?
1 pc	Radiator fan assy		568.00 ?

7,943.00

Less 20% : 1,588.60

1 pc Front no.plate with box

R 6,354.40 *45.00*
50.00 sn

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Con't Page 2 ...

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.
Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N
GST Reg. No.: 201113667N

Page : 2

Vehicle Insured : GBC87K

1 pc Radiator coolant
1 pc Front bumper clip (set)

Mr 30.00 sn ✓
Mr 30.00 sn ✓

To towing

60.00 ✓

To rewire damaged parts and refocus
headlamp beam.

20.00 ✓

To remove air con condenser, pipes
and drier, vacuum and to recharge
gas

120.00 *100*

To putty and spray replaced parts

900.00 *750*

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

1,000.00 *600*

Total : S\$ 8,564.40

=====

Singapore Dollars Eight Thousand Five Hundred
and Sixty Four and Cents Forty Only

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

695J

Vehicle Details

Vehicle No.:

SDH5573R

Vehicle to be Exported:

Yes

Intended Deregistration Date:

20 Nov 2024

Vehicle Make:

HYUNDAI

Vehicle Model:

ELANTRA 1.6 AT ABS D/AB 2WD 4DR

Primary Colour:

White

Manufacturing Year:

2015

Engine No.:

G4FGFU037235

Chassis No.:

KMHDH41CMGU641483

Maximum Power Output:

97.0 kW (130 bhp)

Open Market Value:

\$12,708.00

Original Registration Date:

30 Sep 2015

First Registration Date:

30 Sep 2015

Transfer Count:

0

Actual ARF Paid:

\$12,708.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

29 Sep 2025

PARF Rebate Amount:

\$6,354.00

Intended COE Rebate Details

COE Expiry Date:

29 Sep 2025

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$55,399.00

COE Rebate Amount:

\$4,755.00

Total Rebate Amount:

\$11,109.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 20 Nov 2024

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission 20/11/2024 11:35 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 19/11/2024 20:00 (SGT)
Exact Location of Accident Bukit Batok West Ave 9, Singapore
Additional Location Information BLK 449A SERVICE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDH5573R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOH SWEE KIM
NRIC No SXXXX695J
Email Address DESMOND_0808@HOTMAIL.COM
Mobile Phone No (Phone) +65-97365573
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hyundai
Model ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1591
Vehicle Fuel Petrol
First Registration Date 30/09/2015
Chassis no KMHDH41CMGU641483
Effective Date/Time of Ownership 30/09/2015 09:09 (SGT)

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Policy Number / Cover Note Number MPC24A00415401

DRIVER

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;


(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 20/11/24

Policyholder's Signature / Date & Time

 20/11/24

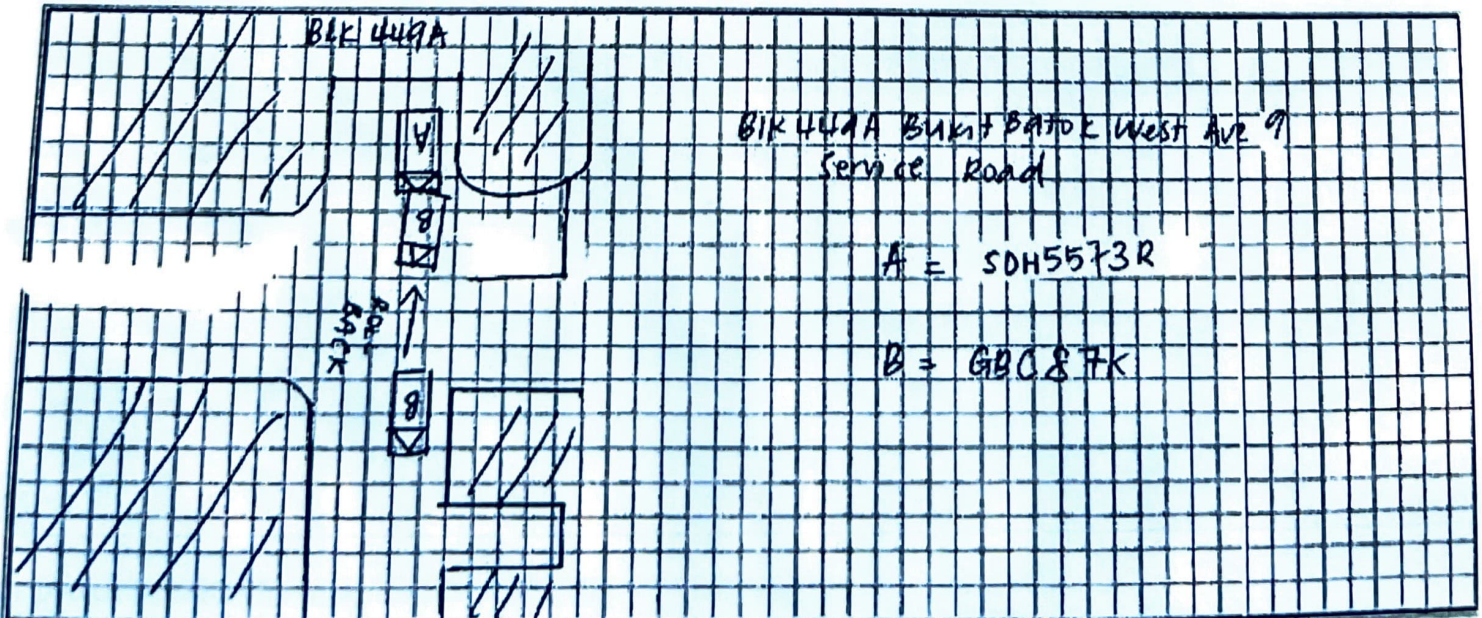
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Sketch Plan



Describe Circumstance of the Accident

On 19.11.2024 at about 8pm my vehicle was stationary at the service road along BIK 441A Bukit Batok West. I was seated in my vehicle. Suddenly I saw vehicle B rolling backwards towards my direction. I honked a few times to alert the lorry but there was no reaction.


I quickly exited my vehicle. The lorry then collided onto my vehicle. I realised that there was actually no driver in the lorry. The driver later ran over to his lorry. We then exchanged particulars for insurance claim. My vehicle was badly damaged and was towed to my workshop.

Declaration

I/We declare the foregoing particulars are true in every respect.

 20/11/24
Policyholder's Signature / Date & Time

 20/11/24
Actual Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

